

OFFICER'S BATTERY REPORT
CHICAGO POLICE DEPARTMENT

RD NO. **JA111252**

INSTRUCTIONS: This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

"X APPLICABLE BOXES"

OFFICER INFORMATION		INCIDENT INFORMATION								
NAME (LAST - FIRST - M.I.) GLIM, BRIAN A		<input type="checkbox"/> 1. INDOOR <input checked="" type="checkbox"/> 2. OUTDOOR								
STAR NO. 15597	POSITION POLICE OFFICER	ADDRESS OF OCCURRENCE 6659 S CLAREMONT AVE								
DATE OF APPOINTMENT 27-MAR-2006	EMPLOYEE NO. [REDACTED]	CITY [REDACTED]	STATE (If outside Chicago)	[REDACTED]						
UNIT OF ASSIGNMENT 008	BEAT/CALL NO. 0863A	LOCATION CODE 304-STREET	BEAT OF OCCURRENCE 0832							
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE WHITE	DOB [REDACTED]	DATE OF OCCURRENCE 10-JAN-2017	TIME 21:49:00						
HEIGHT 601	WEIGHT 175	DAY OF WEEK TUESDAY								
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED										
<input checked="" type="checkbox"/> 1. ON DUTY <ul style="list-style-type: none"> <input type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____ <input type="checkbox"/> C. CITIZEN'S DRESS <input type="checkbox"/> D. TACTICAL <input type="checkbox"/> E. B.I.S. UNIT <input type="checkbox"/> F. SPECIAL EMPLOYMENT <input type="checkbox"/> G. OTHER _____ 		WORKING: <ul style="list-style-type: none"> <input type="checkbox"/> A. ALONE <input type="checkbox"/> B. WITH ONE PARTNER <input checked="" type="checkbox"/> C. WITH MULTIPLE PARTNERS How many? 2 PATROL TYPE: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input type="checkbox"/> F. OTHER _____ 								
<input type="checkbox"/> 2. OFF DUTY										
<input type="checkbox"/> 3. SPECIAL EMPLOYMENT										
<input type="checkbox"/> 4. SECONDARY / OTHER										
TYPE OF ACTIVITY										
<input type="checkbox"/> A. AMBUSH -NO WARNING <input type="checkbox"/> B. TRAFFIC STOP/PURSUIT <input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON <input type="checkbox"/> D. DISTURBANCE - DOMESTIC <input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT <input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER <input type="checkbox"/> G. DISTURBANCE - OTHER <input checked="" type="checkbox"/> H. MAN WITH A GUN <input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE _____ IUCR CODE _____		MANNER OF ATTACK <ul style="list-style-type: none"> <input type="checkbox"/> 01. SHOT <input type="checkbox"/> 02. SHOT AT <input type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT) <input checked="" type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT) <input type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS) 								
<input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE _____ ORIGINAL IUCR CODE _____		TYPE OF WEAPON/THREAT <ul style="list-style-type: none"> (Check all that apply): <ul style="list-style-type: none"> <input type="checkbox"/> A. FIREARM CALIBER _____ <input checked="" type="checkbox"/> D. HANDS/FISTB _____ <input checked="" type="checkbox"/> E. FEET _____ <input type="checkbox"/> F. MOUTH (SPIT, BITE, ETC.) _____ <input checked="" type="checkbox"/> G. VERBAL THREAT (ASSAULT) _____ <input type="checkbox"/> H. OTHER (SPECIFY) _____ 								
<input type="checkbox"/> K. OTHER		<ul style="list-style-type: none"> <input type="checkbox"/> 8. VEHICLE <ul style="list-style-type: none"> <input type="checkbox"/> 1. OFFICER STRUCK WITH VEHICLE <input type="checkbox"/> 2. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE <input type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT <input type="checkbox"/> I. BLUNT INSTRUMENT 								
FIREARM USE INFORMATION <ul style="list-style-type: none"> (Check all that apply): <ul style="list-style-type: none"> <input type="checkbox"/> A. OFFICER AT GUNPOINT <input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED <input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON 										
OFFENDER INFORMATION <table border="1"> <tr> <td>SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F</td> <td>RACE BLACK</td> <td>DOB 15-APR-1989</td> </tr> <tr> <td>CB NO. 19421060</td> <td colspan="2">IR ND.</td> </tr> </table>					SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE BLACK	DOB 15-APR-1989	CB NO. 19421060	IR ND.	
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE BLACK	DOB 15-APR-1989								
CB NO. 19421060	IR ND.									
TYPE OF INJURY TO OFFICER <ul style="list-style-type: none"> <input type="checkbox"/> A. FATAL <input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/ Internal Injuries) <input type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input checked="" type="checkbox"/> D. NONE APPARENT/NONE 		WAS THE OFFENDER'S ACTIVITY: DRUG RELATED? <ul style="list-style-type: none"> <input type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO <input checked="" type="checkbox"/> 3. UNKNOWN GANG RELATED? <ul style="list-style-type: none"> <input type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO <input checked="" type="checkbox"/> 3. UNKNOWN NO. OF OFFENDERS PRESENT? 1								
LIGHTING CONDITIONS AT INCIDENT <ul style="list-style-type: none"> <input type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> D. DUSK <input checked="" type="checkbox"/> B. NIGHT <input type="checkbox"/> E. ARTIFICIAL LIGHT <input type="checkbox"/> C. DAWN <input type="checkbox"/> 1. POOR <input type="checkbox"/> C. DAWN <input type="checkbox"/> 2. GOOD 		WEATHER CONDITIONS <ul style="list-style-type: none"> <input type="checkbox"/> A. CLEAR <input type="checkbox"/> D. FOG / SMOKE / HAZE <input checked="" type="checkbox"/> G. OTHER <input type="checkbox"/> B. RAIN <input type="checkbox"/> E. SLEET / HAIL <input type="checkbox"/> C. SNOW <input type="checkbox"/> F. SEVERE CROSS WIND APPROXIMATE OUTDOOR TEMPERATURE: 29 °F								

R/O OBSERVED MULTIPLE OFFICERS ONSCENE STRUGGLING TO GET ABOVE SUBJECT UNDER CONTROL AND HANDCUFFED TO EFFECT AN ARREST. ABOVE SUBJECT WAS KICKING AND SHOVING R/O AND OFFICERS ONSCENE AWAY FROM HIM. R/O DISCHARGED HIS TASER. TASER PROBES WERE INEFFECTIVE, R/O THEN ATTEMPTED TO DRIVE STUN SUBJECT MULTIPLE TIMES UNTIL SUBJECT BECAME COMPLIANT AND R/O'S HAD SUBJECT CUFFED AND UNDER CONTROL.

REPORTING MEMBER - SIGNATURE
GLIM, BRIAN A

STAR NO.
15597

WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.
MACIEJEWSKI JR, JOHN A
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